

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME Jeff Macedo		SSAN OR EMPLOYEE NUMBER 1		DEPARTMENT Press	
POSITION Deputy Press Secretary		CB/ID NUMBER		DIVISION OR BUREAU Office of the Governor	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		INDEX NUMBER	
CITY Sacramento	STATE CA	ZIP 95814			

DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
				BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
18-Dec	8a	Sacramento/LA						347.20	Air	52.14	22	9.79	409.13
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SUBTOTALS			0.00	0.00	0.00	0.00	0.00	347.20	0.00	52.14	22	9.79	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$409.13	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff the Governor's CNN interview

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

6ANZ220

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

12/23/09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

SIGN

TITLE OF AUTHORITY OR SPECIAL EXPENSES

DATE

1/4/10